

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-021393

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5945

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUN 13 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **St. Louis,**

Length of stay in 1b
52 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY

c. CITY OR TOWN **St. Louis**

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **3731 No. Taylor Avenue**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
3731 No. Taylor Avenue

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First
CHARLES

Middle
O.

Last
BURCKHARDT

4. DATE OF DEATH
Month Day Year
June 4, 1963

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
12-3-1882

9. AGE (last birthday)
80

IF UNDER 1 YEAR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired-Sheet Mtl. Wkr.

10b. KIND OF BUSINESS OR INDUSTRY
Construction

11. BIRTHPLACE (City and state or country)
Waterloo, Illinois

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Jacob Burckhardt

13b. MOTHER'S MAIDEN NAME

Wilhelmina Schoenberg

14. NAME OF HUSBAND OR WIFE

Erma Burckhardt

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mr. Floyd Burckhardt, 9424 Theodosia,

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary hemorrhage

INTERVAL BETWEEN ONSET AND DEATH
6 hrs

Conditions, if any, which gave rise to above cause - (a), stating the underlying cause last.

DUE TO (b)

Pulmonary emphysema

15 yrs.

DUE TO (c)

Arteriosclerotic heart disease

15 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).

Arthritis, general.

PART III. If deceased was female was there a pregnancy in last 90 days:

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐

SUICIDE ☐

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

no injury 5271

20c. TIME OF INJURY

Hour a.m./p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **1957** to **6-4-63** and last saw ^{HEX} him alive on **5-9-63**
Death occurred at **5:30 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

C. Rush McLidany M.D. 7516 Florissant Rd. 6-5-63

23a. REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

via **MOTOR**

June 7, 1963

Waterloo Cemetery

Waterloo, Illinois

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

CALVIN F. FEUTZ, 4828 Natural Bridge Bl.

JUN 5 1963

Paul Smith, M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

Dr. C. Rush McAdam
7516 Florissant Road
EV 1-0427

FILE IN CITY

HOURS: No Thursday, Hours
Wednesday, 12 Noon to 4 PM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John A. Mlenias

Licensed Embalmer No. 4186

P. O. Address

St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.